

Guided Practice: Stork Inpatient Nurse – Discharge Navigator, Mother

Exercise

Complete Guided Practice outside of class:

- Use this information to log in to the Epic PLY environment.
- Refer to your Tent Card for the User ID and Password for Inpatient Nurse.
- Refer to your Tent Card for your Guided Practice Poppy patient.



Scenario: Patient had a C-Section and will be discharged today with her newborn baby.

- 1) Click on the L&D the Grease Board.
- 2) Locate your Poppy patient on the L&D Grease Board under the Delivered button.
- 3) Double-click on your patient's name to open chart.
- 4) Click on the **Navigators** Button.
- 5) Go to the Discharge Navigator.



Discharge

Reminder: Once in the Discharge Navigator, follow the links in the Navigator from top to bottom to complete the Discharge workflow.

- 1) BestPractice All BPA's should have been addressed by now. If you do see a BPA address it.
- 2) MAR Report Review the MAR. This is view only report.
 - a. Click on the blue **Due Medications** hyperlink to take you to the MAR.
- 3) Med Rec Status View Medication list report.
- 4) Running Infusions If you have any running infusions, this is a reminder to discontinue them.
 - a. Document any infusion discontinuations in the MAR by using the hyperlink [Open MAR].
- 5) LDA Avatar Document the removal of any LDA that has been ordered to be discontinued.
 - a. To remove the LDA, hover over the LDA to be removed, click on the removed button. Scroll down and fill out Removal date, time, Reason, and Post Removal Assessment. Click Accept.
- 6) Orders

- a. Add a **Pharmacy** by clicking on the **Pharmacy button**, Click **My organization**, click **Aspirus Pharmacy Wausau**, Click **Accept**.
- b. Additional Inpatient Orders If you received any Inpatient order before discharge you would place them here.
- c. Add an Additional Outpatient Order for a DME Breast Pump.
 - i. Complete the Comments section by clicking F2 through the hard stops and filling them in.



Patient Instructions

Ensure this information can be clearly understood by the patient, as any information entered in this area may populate on the AVS. Check i.e., acronyms, abbreviations, etc. need to be written as their full name/word.

- ii. Length of need: 1 Year.
- iii. Associate the Diagnosis.
- iv. Click **Accept**. Note: the **linked circles** will appear when the diagnosis has been associated with the order. Click **Sign Order**.
- 1) Expected Discharge -An Expected Discharge can be entered by any clinician during the patient stay.
 - a. Fill this section out on your own.
- 2) Follow Up The **Follow-Up** section **MUST** contain documentation: otherwise the **AVS** will not Print. Note: This section does not schedule the appointment, you still need to call the providers office to arrange the appointment.
 - a. Schedule a Post OP C-section appointment.
 - b. With: Add the Providers name here (exp. Paul Kerns)
 - c. When: 2 weeks
 - d. Why: For Post OP C-section appointment at 11:30 a.m.
- 3) Add Medication Details
 - a. Choose the time(s) (Morning, Around Noon, Evening, Bedtime) for when each medication is due to be taken. Enter any notes required by clicking on the + Add comment beside the time selection.
- 4) Activity Orders will populate in the **Activity** section based the **Orders** that the **Provide**r has placed for the patient.
- 5) Diet If the Provider places diet orders within the **discharge order set**, they will appear in this section. If the providers put in individual orders, these will not flow into this section.
- 6) Misc Orders Same as the diet information above.
- 7) Patient D/C Instructions

- a. Use your facility's current workflow at this step.Note: Some of the Aspirus locations have Smartphrases while others have SmartTexts.
- b. You may also click on the **Go to References/Attachments** blue hyperlink in this section to locate additional, patient friendly information about their diagnosis or care. This information will populate on the AVS.
 - i. Click on the References/Attachments hyperlink, Click Additional Search, search for Breast Pumping Tips and select or check the box next to this document. Ensure it has populated in the box below so that it will appear in the AVS.
 - ii. Click the **X** (right hand corner) to take you back to the navigators.
 - iii. You should see **Breast Pumping Tips** under **References/Attachments**. Along with the **hyperlinks** to **View**, **Edit or Remove**.
- 8) Audit trail Discharge instructions can be entered by any Discipline. The audit trail will show you who has entered information into the discharge instructions.



Wrap Up

- 1) Cognitive Function
 - a. This section is a Meaningful Use measure and is REQUIRED to be filled out on all patients.
- 2) Belongings Document Patient Belongings.
- 3) Education
 - a. Click on **Education** or use the Hyperlink "**Go to Education**".
 - b. Review and complete the **Education**.
 - c. Use the back arrow to return to the Navigator.
- 4) Care Plan
 - a. Click on Care Plan or use the Hyperlink "Go to Care Plan".
 - b. Review and complete the Care Plan.
 - c. Use the back arrow to return to the Navigator.
- 5) Resolve Care Plan Click to resolve the Care Plan at discharge.
- 6) Progress Notes Use this Notes section for your discharge progress note.
- 7) Transitions of Care
 - Up section of the Discharge Navigator, a Transitions of Care report can be sent via a secure electronic transmission. These CMS directives are designed to improve the care coordination among health care providers both locally and nationally, and at the same time, ensure patient privacy while satisfying Meaningful Use requirements.

- b. If a Provider/Location was not available in the database, print the **Transitions of Care** report to be included in the discharge paperwork. If the Follow-up Provider/Location/ Specialty can be found in the **Follow-Up** section, you will not need to print off this document from this section.
- c. The **Transitions of Care** report is a supplement to the current discharge workflow. Continue to send additional paper documents (e.g. AVS, Transfer forms, SNF Report, etc.) with the patient at the time of discharge, at discharge, **Transitions of Care** Reports are sent automatically to the specified clinicians/locations electronically or by fax.
- d. Inadvertent disclosure of a **Transitions of Care** Report to an unauthorized party through Epic process would fall under the privacy practices policy (policy #5133 Disclosure of Health Information Privacy Practices). The disclosure must be reported to the Privacy Officer and can be submitted through the **Corporate Compliance Hotline (715-847-2166).**
- e. If you are aware that a mistake has been made, every attempt should be made to contact the organization receiving the record in error and request to destroy (shred) the record. The Privacy Officer must still be notified even after the organization was contacted to report the disclosure, and assess the need to report further.
- f. If you are aware of a record that has been linked to the incorrect patient, contact Aspirus Help Desk at 72300 and ask that a ticket be created so that the records can be unlinked.
- g. Please contact the Compliance Department if you have any questions about the appropriateness of a disclosure.
- h. If you do not understand this section please ask your Super User or your Epic trainer for further verification.



Print & MyChart

- 1) After Visit Summary ALWAYS review the AVS before printing.
 - a. Review the entire AVS with patient.
- 2) AVS Declined To meet **Meaningful Use** requirements, if patient refuses the AVS, Click **Patient Declines AVS** Button. Write a **DAR** note if patient declined the AVS.



Transfer Out

This section is included for CAH Hospital workflows to meet EMTALA regulations. Please review this area if this pertains to you.

This completes your Discharge Navigator Guided Practice Session. This is not all inclusive of a typical workflow; it only highlights specific portions of the Navigator.